



# ASBESTOS TRAINER RECOGNITION FORM AAC-4

Louisiana Department of Environmental Quality  
OES - Air Permits Division, Manufacturing Section  
P. O. Box 4313, Baton Rouge, LA 70821-4313  
Phone (225) 219-3179 Fax (225) 219-3156

DEQ Use Only	
Check No.	AI No.
Date:	Amt:

*\*\*Please Note: Applications will not be accepted for Out-of-State Training Providers unless the Out-of-State training provider has a training facility located within Louisiana.*

**I. Trainer Information:** (please print) Applicable Year \_\_\_\_\_ Accreditation No. \_\_\_\_\_

Name:	Phone: ( )	Driver's License (DL) No.
Address:	State of Issuance of DL No.	
City:	State:	Zip:
		Fax No. ( )

**II. Trainer Organization Information:**

Name:	Phone No. ( )
Address:	Fax No. ( )
City:	State:
Zip:	

**III.\*Latest Asbestos School Attended:**

Name:	Phone No. ( )
Address:	Fax No. ( )
City:	State:
Zip:	
Course Title:	Date:

\*Attach a copy of your resume indicating experience.

**IV. Fees:** Effective July 1, 2003

Each Trainer: Normal Processing: \$66  
Each Trainer: Emergency Processing: \$99

**V. Qualification for INITIAL Trainer Recognition:**

Document No. Years in asbestos-related work as a: Trainer: \_\_\_\_\_ Management Planner: \_\_\_\_\_  
Contractor/Supervisor: \_\_\_\_\_ Inspector: \_\_\_\_\_ Project Designer: \_\_\_\_\_ Worker: \_\_\_\_\_

Check the type of course(s) for which you are requesting trainer recognition:

- ☐ Initial ☐ Refresher  
☐ Management Planner ☐ Supervisor ☐ Inspector ☐ Project Designer ☐ Worker

**VI. Qualifications for RENEWAL Trainer Recognition:** Previous Trainer Recognition No. \_\_\_\_\_

Document No. Years in asbestos-related work as a:

Trainer: \_\_\_\_\_ Management Planner: \_\_\_\_\_ Contractor/Supervisor: \_\_\_\_\_  
Inspector: \_\_\_\_\_ Project Designer: \_\_\_\_\_ Worker: \_\_\_\_\_

Check the type of course(s) for which you are requesting trainer recognition:

- ☐ Initial ☐ Refresher  
☐ Management Planner ☐ Supervisor ☐ Inspector ☐ Project Designer ☐ Worker

**VII. Statements of Regulation Knowledge and Acknowledgment for Public Records:**

(a) I hereby certify that this application, accompanying documents, and information provided is true and accurate in accordance with La. R.S. 30:2025.F(2)(a), which states any person who willfully or knowingly makes any false statement, representation, or certification in any form, application, record, label, manifest, report, plan, or other document filed or required to be maintained under this Subtitle are subject to penalties with conviction of civil and criminal actions as outlined in this regulation.

(b) I understand that the asbestos training classes I teach must include the most current and applicable Louisiana specific regulations and forms and that my recognition is effective for one year as stated in LAC 33:III.2799.

(c) I acknowledge that the information I have provided on or with this form is to be kept in the public records maintained by LDEQ. I also acknowledge that the information will be available for public inspection and copying, and I waive any claim to privacy in this information.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_